

# GREY STREET PRIMARY SCHOOL

## MEDICATION REQUEST FORM

DATE:

PARENT's NAME:

ADDRESS:

TELEPHONE:

(Business Hours)

Dear Principal,

I request that my child \_\_\_\_\_ be administered the following medication  
( Child's Name )  
whilst at school, as prescribed by the child's medical practitioner.

NAME of MEDICATION:

DOSAGE (AMOUNT):

TIME/S of MEDICATION:

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely

\_\_\_\_\_  
(Parent Signature)